

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 448.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <u>11322</u>	2. Fiscal Year Covered From: <u>6/1/04</u> Through <u>5/30/05</u>
3. Name and address of person filing. Name <u>Dominick Formisano JR</u>	
P.O. Box, Bldg., Room No., if any:	
Street: <u>529 Broadway</u>	
City: <u>MASSAPEQUA</u>	
State: <u>NEW YORK</u>	ZIP Code + 4: <u>11758</u>
4. Name, file number, and address of labor organization. Name <u>Local 1210 WARE House & Production Employees Union</u> Labor Organization File Number: <u>54433</u>	
P.O. Box, Building and Room Number, if any:	
Street: <u>529 Broadway</u>	
City: <u>MASSAPEQUA</u>	
State: <u>NEW YORK</u>	ZIP Code + 4: <u>11758</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____	7.a. Nature of interest, Transaction, or Income. _____
Trade Name, if any: _____	_____
P.O. Box, Bldg., Room No., if any: _____	_____
Street: _____	_____
City: _____	_____
State: _____ ZIP Code + 4: _____	7.b. Amount. _____

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Dominick Formisano Jr.

On 8/4/05
Date

516 541-2224
Telephone Number

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <u>71322</u>	2. Fiscal Year Covered From: <u>6/1/04</u> Through <u>5/30/05</u>
3. Name and address of person filing.	
Name: <u>Dominick Formisano JR</u>	Labor Organization File Number: <u>54433</u>
P.O. Box, Bldg., Room No., if any:	P.O. Box, Building and Room Number, if any:
Street: <u>529 Broadway</u>	Street: <u>529 Broadway</u>
City: <u>MASSAPEQUA</u>	City: <u>MASSAPEQUA</u>
State: <u>NEW YORK</u>	ZIP Code + 4: <u>11758</u>
5. Position in labor organization: <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any):	7.a. Nature of interest, Transaction, or Income.
Name: _____	_____
Trade Name, if any: _____	_____
P.O. Box, Bldg., Room No., if any: _____	_____
Street: _____	7.b. Amount.
City: _____	_____
State: _____ ZIP Code + 4: _____	_____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Dominick Formisano Jr.

On 8/4/05
Date

516 541-2224
Telephone Number

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AUG 10 2006

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- []	2. Fiscal Year Covered From: [] / [] / [] Through [] / [] / []
3. Name and address of person filing. Name: [Dominick] [] formisano	
P.O. Box, Bldg., Room No., if any	Labor Organization File Number: [34433]
Street: [529 Broadway]	P.O. Box, Building and Room Number, if any
City: [Massapequa]	Street: [529 Broadway]
State: [New York]	City: [Massapequa]
ZIP Code + 4: [11760]	State: [New York]
ZIP Code + 4: [11760]	
5. Position in labor organization: [Secretary - Treasurer]	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any): Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.a. Nature of Interest, Transaction, or Income: _____
7.b. Amount: _____	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: 

On: 8/4/05 Date: 8/4/05 Telephone Number: 516-512224

Name of Person Filing

Dominick Formisano

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____

ZIP Code + 4 _____

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____

ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Unity Welfare Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

529 Broadway

City _____

Massapequa

State _____

New York

ZIP Code + 4 11758

14.a. Nature of payment.

Reimbursement of Expense
of the National Labor
Management Conference

13.b. Is the Business an Employer or Consultant

14.b. Amount of payment.

1209.87